PATENT APPLICATION FEE DETERMINATION RI Effective December 8, 2004								Application or Docket Number 10-519530				
	•	CLAIMS	AS FILED : (Colum]			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
Ų.	S. NATIONAL	STAGE FEES						RATE	FEE	1	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	٠.	BASIC FEE		OR	BASIC FEE	201/1
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = 8 50 / 8 100			Cher attuations = \$ 100 / \$ 200		ĐƠM FEE		1.	EVAM: FEE	1
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400			Cher situations = \$ 250 / \$ 500		SEARCH FEE	·	1	SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/50 ≈		X \$ 125 =		1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			() minus 20 =		• .			X \$ 25 =		OR	X\$50=	
INDEPENDENT CLAIMS			minus 3 =		•		·	X\$100=	·	OR	X\$200 =	
MŲ	MULTIPLE DEPENDENT CLAIM PRESENT							+\$ 180,=	•	OR	+\$360=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	·	OR	TOTAL	
CLAIMS AS AMENDED - PART II 7. 5.6 (Column 1) (Column 2) (Column 3)								SMALL E	OTHER THAN LENTITY OR SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING , AFTER AMENDMENT	•	HIGHI HUME PREVIO PAID I	ER USLY	PRESENT EXTRA		RATE :	ADOI- TIONAL FEE		RATE	. ADDI- TIONAL FEE
	Total	. 6	Minus	· 20	7	-	ſ	X \$ 25 =	•	OR	X\$50=.	
	Independent	• 1	Minus	ن س		s .	ſ	X \$ 100 =		OR	X\$200=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+\$380=	,
							-1	FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Cotumn 3)	• ;					
	13:32-00		•	HIGHE NUMBI PREVIOU PAID R	87 ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	- 6		-	Γ	X \$ 25 =		OR	X\$ 50 =	
	Independent	• 1	Minus	··· T		8	Γ	X \$ 100 =		OR	X\$200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+\$ 180 =		OR	+\$360=-	
•		•					. 17	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "I" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the Tilghest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												